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CONFIRMATION NO. 2733

SERIAL NUMBER 10/748,762	FILING or 371(c) DATE 12/30/2003 RULE	CLASS 600	GROUP ART UNIT 3686	ATTORNEY DOCKET NO. EIS-5909C (1417G P 979)
APPLICANTS Dan M. Mihai, Residence Not Provided; James P. Martucci, Libertyville, IL; Kenneth Kohler, Mundelein, IL;				
** CONTINUING DATA ***** This appln claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003 and claims benefit of 60/528,106 12/08/2003 and is a CIP of 10/659,760 09/10/2003 and is a CIP of 10/424,553 04/28/2003 which is a CIP of 10/135,180 04/30/2002				
** FOREIGN APPLICATIONS *****				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/11/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /AMBER L ALTSCHUL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance AA Initials	STATE OR COUNTRY	SHEETS DRAWINGS 58	TOTAL CLAIMS 47
INDEPENDENT CLAIMS 5				
ADDRESS BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES				
TITLE System and method for medical device authentication				
FILING FEE RECEIVED 1558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	